

**DHS TELEWORKING POLICY
WORK SPACE SELF-CERTIFICATION**

Employee Name: _____ Date: _____

Division: _____ Org. Unit: _____

Manager/Supervisor: _____

Alternate Work Address: _____

City: _____ County: _____ Zip Code: _____

Alternate Work Phone: _____

Alternate Work Email (if different from primary workplace): _____

The following checklist is designed to assess the overall safety of your alternate worksite. The checklist is necessary to make you aware of the need for a safe workplace that is conducive for productive work. Please read and complete the self certification safety checklist. Upon completion, you and your supervisor should sign and date the checklist in the spaces provided.

The alternate worksite is: **(Circle one)**

Employee home / satellite office / teleworking center

Describe the designated work area at the alternate work site: _____

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Please complete the following about the designated work area:

1. Are temperature, noise, and ventilation and lighting levels adequate for maintaining your normal level of job performance? ☐ Yes ☐ No
2. Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)? ☐ Yes ☐ No
3. Do chairs have any loose casters (wheels)? ☐ Yes ☐ No
4. Are the rungs and legs of the chairs sturdy? ☐ Yes ☐ No
5. Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard? ☐ Yes ☐ No
6. Is the office space neat, clean and free of excessive amounts of combustibles?
☐ Yes ☐ No

Please complete the following if using a computer at home:

1. Is your chair adjustable? ☐ Yes ☐ No
2. Do you know how to adjust your chair? ☐ Yes ☐ No
3. Is your back adequately supported by a backrest? ☐ Yes ☐ No
4. Are your feet on the floor or fully supported by a footrest? ☐ Yes ☐ No

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5. Are you satisfied with the placement of your VDT and keyboard? ☐ Yes ☐ No
6. Is it easy to read the text on your screen? ☐ Yes ☐ No
7. Do you need a document holder? ☐ Yes ☐ No
8. Do you have enough legroom at your desk? ☐ Yes ☐ No
9. Is the VDT screen free from noticeable glare? ☐ Yes ☐ No
10. Is the top of the VDT screen eye level? ☐ Yes ☐ No
11. Is there space to rest the arms while not keying? ☐ Yes ☐ No
12. When keying, are your forearms close to parallel with the floor? ☐ Yes ☐ No
13. Are your wrists fairly straight when keying? ☐ Yes ☐ No

I certify that all information contained in this checklist is true a complete to the best of my knowledge. I understand that any erroneous, misleading, or fraudulent information is sufficient grounds for my exclusion from teleworking.

Employee Signature

Date

Manager' s/Supervisor' s Signature

Date

PLEASE RETURN A COPY OF THIS FORM TO YOUR TELEWORKING COORDINATOR